

**City of Fredericksburg** P.O. Box 7447 Fredericksburg, VA 22404-7447

Telephone: 540 372-1023 Fax: 540 372-1158

## HYDRANT FLOW TEST REQUEST Please print out, complete, and fax or deliver this form to our office

TODAY'S DATE:_	E:PROPOSED DATE OF FLOW TEST				
NAME OF COMPA	ANY:				
CONTACT PERSO	ON:				
E-MAIL ADDRES	S:				
PHONE :	CELI	L:	FAX		
SITE ADDRESS: (	where flow measurer	ment will be witnessed)			
A	h	ined to allow for many		of annual din a	
	nours notice is requ whose water will be	ired to allow for prope disrupted.	er notification	of surrounding	
The Public Works I flow data.	Department will witner	ess the opening of the h	ydrant and the	collection of the	
Request approved			date		
Not approved □			date		
			date		
FIRE HYDRANT NUMBER	STATIC PRESSURE (psi)	RESIDUAL PRESSURE (psi)	FLOW (gpm)	PITOT READING(psi)	
Please fax the above calculations. Thank		our office (540-372-11	58) once you'	ve made your	
Downit #: IIE	Tastad	Name:			
Permit #: HF	rested	by: Company:			
	Witne	ssed by:			